

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 857012 RECEIPT DATE: 05 / 30 / 01
IA NUMBER: PCT/ GB99 / 03999 IA FILING DATE: 11 / 30 / 99
FAMILY NAME: CARO DELAY WAIVED (Y/N): *My*
GIVEN NAME: COLIN DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 11 / 30 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: BKY 2 0074 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX

NAME: JAY F MOLDOVANYI
FAY SHARPE FAGAN MINNICH & MCKEE
STREET: 1100 SUPERIOR AVENUE 7TH FLOOR

CITY: CLEVELAND
STATE/COUNTRY: OH ZIP: 44114

EMAIL:

APPLICATION TITLES:
STENTS FOR BLOOD VESSELS

TAB TO LAST POSITION, PUSH SEND